

Application for Special Organization License Plates

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|-------------------------------------|------|-------------------------------|-----|--------|
| Name | | Street Address | | |
| City | | State | ZIP | County |
| Year | Make | Vehicle Identification Number | | |
| Daytime Phone – Including Area Code | | | | |

Special Organization Plates are only available as a Standard Plate.

ELIGIBLE VEHICLES: These license plates may only be issued to a privately-owned vehicle titled in applicant's name. The vehicle may be a car, motor home or a non-commercial pickup or van.

EXPIRATION: All license plates expire on the applicant's birthday.

CHECK THE TYPE OF PLATE APPLYING FOR: (Choose only one. If applying for an additional plate for another vehicle, please complete an additional application.)

You must currently be a member of one of the organizations listed below to be eligible.

Spouse not eligible for these plates.

- ☐ Michigan Professional Fire Fighters Union (also known as International Association of Fire Fighters, or IAFF) (002)
- ☐ Grand Lodge of Free and Accepted Masons (003)
- ☐ Michigan State Firemen's Association (volunteer fire fighters) (004)
- ☐ Fraternal Order of Police (006)
- ☐ Police Officers Association of Michigan (012)

FEE: Regular registration fee plus \$25 service fee. A current plate on same vehicle may be canceled as credit for the regular registration fee.

I wish to cancel my current license plate on my vehicle as credit toward the special organization plate indicated above.

Plate Number: _____ Expiration Date: _____
(Your current plate will not be canceled until after you receive your new plate.)

If you have no current plate, a temporary permit may be issued to you at no fee.

I certify all information is correct and I am eligible for the special organization license plate indicated above. I understand that use of this special license plate on a vehicle other than the vehicle for which the plate was issued or application by a person who is not eligible is a misdemeanor.

SIGNATURE X _____ DATE: _____